<u></u>						
COMBINED DECLAR	RATION F	OR UTILITY O	R DESIGN PATENT		NEY'S DOCKET 156USw	
APPLICATION WITH POWER OF ATTORNEY					mes Inventor:	
]				CHEUN		
				App N	lete if known:	
() Declaration submitted with initial	filing or			App	0.:	
() Deciaration submitted with initial	timig o i	`				
() Declaration submitted after initial	filing (surcharge	required 37CFR1.16(e))		Filing	Date	
				Group	Art Unit:	
1				Joseph		
			,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			
As below named	l inventor. I here	eby declare that:				
My residence, post office	address and citi	zenship are as stated bel	ow next to my name.			
			e is listed below) or an original, a simed and for which a patent is so			
	,	IMIDAZOTRIAZINE	COMBOLINING			
the specification of which			COMPOUNDS			
[]is attached hereto.						
	as Uni	ited States application Se	erial No. or PCT I	Internation	nal	
		filed <u>March 29, 2004</u> and	d was amended on (MM/DD/YY	YY)		
	applicable)		•			
I hereby state that I have i	reviewed and un	derstand the contents of	the above-identified specification	n, includin	g the claims,	
as amended by any amend			•			
Tankanalada ahadaka	a:1:	_4:1_1_1_11_4:_1_4		ED 01.66		
I acknowledge the duty to	aisciose inform	ation which is material t	o patentability as defined in 37 C	FK 91.56		
I hereby claim foreign priority ben	efits under 35 U.	.S.C. §119 (a)-(d) or §36	55(b) of any foreign applications(s) for pate	ent or	
inventor's certificate or 365(a) of a	ny PCT internati	ional application which o	designated at least one country of	her than t	he United	
States of America, listed below and						
PRIOR FOREIGN AND ANY P				n priority	is claimed:	
Prior Foreign Application		Country	Foreign Filing Date		PRIORITY	
Number (s)			(MM/DD/YYYY))		CLAIMED	
1.						
2.						
3.						
4. 5.						
I hereby claim the benefit under Ti	tle 35 United St	ates Code 8119(e) of an	v United States provisional applie	ration(s) l	isted below:	
Application No.	Jo, Omica Bi		(MM/DD/YYYY)		20.04 DOIOW.	
1. 60/459,293			4/01/2003			
2.						
3.						

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

PR60156USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

		,	STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inventor prosecute this application and to transact all bust Customer Number 23347 and Customer Number 23347.	siness in the Patent and Trademark			provided below to
Address all correspondence and telephone	calls to Customer Number 23	347	Direct Telephone Ca	alls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline				Ann Morgan 483-8222
Five Moore Drive, PO Box 13398				
Research Triangle Park, NC 27709-339	98			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	F177 37434F	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
ı	FULL NAME		·	SECOND GIVEN NAMEDINITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
I	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KING	Nigel	Paul
	INVENTOR'S	Signature		Date:
}	SIGNATURE			
1 0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Harlow	Essex, UK	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
-	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KUNTZ 1	Kevin	Wayne
	INVENTOR'S	Signature // a /		Date: 1 20 /0//
	SIGNATURE	1 (- Wayno M	2)	1 6/50/09
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MOOK, Jr.	Robert	Anthony LAM
l	INVENTOR'S	Signature	Ω_{0} . 1 1	Date: A
l	SIGNATURE	Loked Anthon	y Mook for	Burney 30, Zerry
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham \	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	1	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	POBANZ	Mark .	Andrew
]	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Westfield	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	3845 Earhart Drive	Westfield	Indiana 46074, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SALOVICH	James	Michael
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СПТУ	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Brian	John
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CA
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY					NEY'S DOCKET 156USw	
APPLICATION WIT	First Na CHEUN	mes Inventor:				
					lete if known:	
() Declaration submitted with initia	l filing or					
() Declaration submitted after initia	l filing (surcharge	required 37CFR1.16(e))	-	Filing	Date	
				Group	Art Unit:	
As below named inventor. I hereby declare that:						
My residence, post offic	e address and citi	zenship are as stated belo	ow next to my name.			
			e is listed below) or an original, aimed and for which a patent is so			
the specification of whic		IMIDAZOTRIAZINE (e item below):	COMPOUNDS			
[]is attached hereto. OR						
[x] was filed on	as Uni	ited States application Se	erial No or PCT	Internation	nal	
	T/US04/09553 (applicable)	filed <u>March 29, 2004</u> and	d was amended on (MM/DD/YY	YY)		
I hereby state that I have as amended by any amen			the above-identified specification	n, includin	g the claims,	
I acknowledge the duty to	o disclose inform	ation which is material to	patentability as defined in 37 C	FR §1.56		
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	any PCT internated have also ident on a lapplication leads to the second	ional application which of ified below, by checking naving a filing date befor	lesignated at least one country of the box, any foreign application to that of the application on which	her than the for paten	he United t or inventor's	
PRIOR FOREIGN AND ANY I Prior Foreign Application		IMS UNDER 35 U.S.C Country	Foreign Filing Date		PRIORITY	
Number (s)			(MM/DD/YYYY))		CLAIMED	
1. 2.						
3.						
4.						
5.						
I hereby claim the benefit under T Application No.	itle 35, United St			cation(s) l	isted below:	
1. 60/459,293	pplication No. Filing Date (MM/DD/YYYY) 04/01/2003					
2.						

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ATTORNEY'S DOCKET NUMBER PR60156USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

		STATUS (Check	one)
Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
siness in the Patent and Trademark			provided below to
calls to Customer Number 233	<u>347</u>		alls to: Ann Morgan 483-8222
	(MM/DD/YYYY) entor, I hereby appoint the practition issiness in the Patent and Trademark or 20462	Parent Filing Date (MM/DD/YYYY) entor, I hereby appoint the practitioners associated with the asiness in the Patent and Trademark Office connected therever 20462 calls to Customer Number 23347	Parent Filing Date (MM/DD/YYYY) PATENTED PENDING Pendin

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date: 7/1/0/1
	SIGNATURE			Date: 7/1/04
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	<u> </u>	Five Moore Drive, PO Box 13398	-	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KING	Nigel	Paul
	INVENTOR'S	Signature		Date:
	SIGNATURE			i
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Harlow	Essex, UK	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KUNTZ	Kevin	Wayne
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
İ	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MOOK, Jr.	Robert	Anthony
1 -	INVENTOR'S	Signature	- Itobert	Date:
	SIGNATURE			Jane.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC	US
ľ	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		2,70,70
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	POBANZ	Mark	Andrew
_	INVENTOR'S	Signature		Date:
l .	SIGNATURE	1		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Westfield	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	3845 Earhart Drive	Westfield	Indiana 46074, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SALOVICH	James	Michael
i	INVENTOR'S	Signature		Date:
	SIGNATURE	In Marin	in	Date: 1 July apoy
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Ĭ.	CITIZENSHIP	Durham	NC	US
1 .	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
ł	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Brian	John
	INVENTOR'S	Signature 3. Mila		Date:
	SIGNATURE	15 0 3 3 C	<u></u>	JUY 1/2004
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CA
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLAR APPLICATION WITH	ATTORNEY'S DOCK PR60156USw First Names Inventor: CHEUNG	:			
				Complete if know App No.:	<u>vn:</u>
() Declaration submitted with initia	l filing or				
() Declaration submitted after initia	l filing (surcharge r	required 37CFR1.16(e))		Filing Date	
				Group Art Unit:	
As below named	d inventor. I here	by declare that:			
My residence, post office	address and citiz	zenship are as stated belo	ow next to my name.		
			e is listed below) or an original, to the simed and for which a patent is so		
the specification of which		MIDAZOTRIAZINE (item below):	COMPOUNDS		
[]is attached hereto. OR					
[x] was filed on	as Uni	ted States application Se	rial No or PCT I	nternational	
	T/US04/09553 fapplicable)	iled <u>March 29, 2004</u> and	I was amended on (MM/DD/YY)	YY)	
I hereby state that I have as amended by any amen			the above-identified specification	, including the claim	ıs,
I acknowledge the duty to	o disclose informa	ation which is material to	p patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	any PCT internati d have also ident onal application h	onal application which d ified below, by checking naving a filing date befor	designated at least one country of the box, any foreign application that of the application on which	her than the United for patent or invento	
PRIOR FOREIGN AND ANY P		IMS UNDER 35 U.S.C Country	Foreign Filing Date	PRIORI	TY
Number (s)			(MM/DD/YYYY))	CLAIMI	
1. 2.					\dashv
3.					
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5. I haraby claim the herefit under T	isla 25 United Ct	oha Cada \$110(a) of an	u II-it-d Ctatas massisional annii	nation(a) listed helow	
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY)					
1. 60/459,293					
2.					

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ATTORNEY'S DOCKET NUMBER

PR60156USw

STATUS (Check one)

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
	<u> </u>			
POWER OF ATTORNEY: As a named in prosecute this application and to transact all Customer Number 23347 and Customer Number 23347.	business in the Patent and Trademark Off	associated with the ice connected there	Customer Numbers with	provided below to
Address all correspondence and telepho	ne calls to Customer Number 2334	7	Direct Telephone Ca	alls to:
David J. Levy Corporate Intellectual Property			1	nn Morgan

Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

by declare that all statements made herein of my own knowledge are true and that all statements made on information

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

·	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
				SECOND GIVEN NAMEDINITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
	SIGNATURE		<u> </u>	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KING	Nigel	Paul
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Harlow	Essex, UK	GB
	POST OFFICE	POST OFFICE ADDRESS	СПТУ	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KUNTZ	Kevin	Wayne
1	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
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3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	L crocking country to the country to
2	OF INVENTOR	MOOK, Jr.	1	SECOND GIVEN NAME/INITIAL
1 2	INVENTOR'S	Signature	Robert	Anthony
İ	SIGNATURE	Signature		Date:
0	RESIDENCE &	CITY	Lamenta	
I "	CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		POST OFFICE ADDRESS	NC	US
4	POST OFFICE ADDRESS	GlaxoSmithKline		STATE & ZIP CODE/COUNTRY
1 "	ADDRESS		Research Triangle Park	North Carolina 27709, US
<u></u>		Five Moore Drive, PO Box 13398		
1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	POBANZ	Mark	Andrew
1	INVENTOR'S	Signature		Date: 07 / 1 / 200
1	SIGNATURE	Mulley		07/06/04
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Westfield	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	3845 Earhart Drive	Westfield	Indiana 46074, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SALOVICH	James	Michael
	INVENTOR'S	Signature		Date:
	SIGNATURE		•	1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
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6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
İ		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
· 2	OF INVENTOR	WILSON	Brian	John
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC	CA
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7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1	Five Moore Drive, PO Box 13398		1
	I	TITE MISSIC DITTE, I O DOX 15570		<u>.</u>

COMBINED DECLA APPLICATION WIT	ATTORNEY'S DOCKET PR60156USw			
ALLEICATION WIT	In FOWER	OF ATTORNE	ĭ	First Names Inventor: CHEUNG
() Declaration submitted with init	ial filing or			Complete if known: App No.:
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))			Filing Date	
			ı	Group Art Unit:
As below nam	ed inventor. I he	reby declare that:		,
My residence, post offic	ce address and ci	tizenship are as stated bel	ow next to my name.	
I believe I am the origin (if plural names are liste entitled:	nal, first and sole ed below) of the s	inventor (if only one nam subject matter which is cl	ne is listed below) or an original, final aimed and for which a patent is sou	rst and joint inventor aght on the invention
the specification of which	ch (check only or	IMIDAZOTRIAZINE ne item below):	COMPOUNDS	
[]is attached hereto. OR				
	as Ur	ited States application Se	erial No or PCT In	ternational
Application Number P(CT/US04/09553 if applicable)	filed March 29, 2004 and	d was amended on (MM/DD/YYY	Y)
I hereby state that I have as amended by any amen	e reviewed and ur ndment specifical	nderstand the contents of ly referred to above.	the above-identified specification,	including the claims,
I acknowledge the duty	to disclose inforn	nation which is material to	patentability as defined in 37 CF	R §1.56.
inventor's certificate or 365(a) of States of America, listed below ar	any PCT internated in the second in the seco	ional application which on tified below, by checking having a filing date befor	5(b) of any foreign applications(s) lesignated at least one country other the box, any foreign application for that of the application on which	er than the United
Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
Number (s)			(MM/DD/YYYY))	CLAIMED
2.			· · · · · · · · · · · · · · · · · · ·	
3.				
ł <u>. </u>				
hereby claim the benefit under T	itle 25 II-it-2 C	inten Code \$110(-) -C	Hilland Canana and the state of	4:(-) 1:
Application No.	ine 33, United St		United States provisional application (MM/DD/YYYY)	tion(s) listed below:
. 60/459,293			/01/2003	
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

PR60156USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	TION		-
		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inver prosecute this application and to transact all bus Customer Number 23347 and Customer Number	siness in the Patent and Trademark	ers associated with the Office connected therev	Customer Numbers vith	provided below to
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
	SIGNATURE	1		1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KING	Nigel	Paul
	INVENTOR'S	Signature	·	Date: Oth Const
	SIGNATURE	N. tam	Щ	1 Deta: 8th July 2004
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Harlow	Essex, UK	GB
•	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KUNTZ	Kevin	Wayne
	INVENTOR'S	Signature		Date:
	SIGNATURE]
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
J	CITIZENSHIP	Durham	NC	US
_	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	·	Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	Langeur
2	OF INVENTOR	MOOK, Jr.	Robert	SECOND GIVEN NAME/INITIAL
1 -	INVENTOR'S	Signature	Kopert	Anthony
1	SIGNATURE	orginature		Date:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
ľ	CITIZENSHIP	Durham	NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	
1	/ IDDRESS		Research Thangle Fark	North Carolina 27709, US
$\vdash -$	ETHI MANE	Five Moore Drive, PO Box 13398 FAMILY NAME		_
2	FULL NAME OF INVENTOR	POBANZ	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
			Mark	Andrew
INVENTOR		Signature		Date:
۱ ،	SIGNATURE	СІТУ		
U	RESIDENCE & CITIZENSHIP	Westfield	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	IN	US
5	ADDRESS	3845 Earhart Drive	Westfield	STATE & ZIP CODE/COUNTRY
	FULL NAME	FAMILY NAME		Indiana 46074, US
2	OF INVENTOR	SALOVICH	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
-			James	Michael
	INVENTOR'S SIGNATURE	Signature	Date:	
0	RESIDENCE &	CITY	I con an an an an an an an an an an an an an	
U	CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	US
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY
Ĭ	ADDICESS		Research Triangle Fark	North Carolina 27709, US
	ETH L MANGE	Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	WILSON	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
۲			Brian	John
	INVENTOR'S	Signature	Date:	
o	SIGNATURE RESIDENCE &	CITY		
V	CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP
ł	POST OFFICE	POST OFFICE ADDRESS	CITY	CA
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY
,	לנבוולעהי		Acocarcii Triangie Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		